Section 13A – Contaminated Reusable Instruments & Equipment (Electric Fans)

I. GENERAL

A. Each ward, clinic, service, ancillary activity, and department at DHCN has an Infection Control SOP if applicable. The purpose of this policy is to provide specific guidelines for safe handling, cleaning, decontaminating, and transporting of reusable items.

B. This policy describes procedures for preparing reusable instruments for return to CMS for reprocessing. **Single use items (disposable) are discarded after use.** They are not to be reprocessed without written permission from the manufacturer and the Performance Improvement Committee (see Section 13D).

II. SPECIFIC

A. Responsibilities

1. The OIC and NCOIC will insure that all assigned personnel are familiar with and will adhere to correct policy and procedures.

2. Personnel must be knowledgeable of all aspects of decontamination of reusable medical devices. Personnel engaged in decontamination processing must receive initial orientation and on-the-job training, including, but not limited to, instruction of the care and handling of devices, cleaning methods, disinfecting agents, containment of contaminated items, prevention of cross-contamination, basic microbiological principles, safety precautions, potential hazards, transportation, equipment operation, parameters of microbicidal processes, and DHCN's infection control policies and procedures. The HICO provides an in-depth course for all personnel who will be performing these activities. Documentation of attendance and completion is maintained in the employee's CBA folder.

B. Location of Decontamination/Contaminated Areas

1. Sterile, non-sterile and contaminated/decontaminated areas must be separated.

2. Ideally, the decontamination area should be physically separate from all other areas. In some clinics it may not be possible to physically separate the decontamination area. In such cases, spatial separation, while not generally desirable, may be adequate, provided that work practices prevent splashing and contamination of clean items and work surfaces.

3. Traffic in the decontamination area should be restricted to authorized personnel.

4. Handwashing facilities should be conveniently located in or near the decontamination area. They should be separate from sinks used in the cleaning and/or rinsing of contaminated items.

5. There should be at least daily cleaning and disinfection of horizontal work surfaces. Floors should be cleaned daily and when necessary. Other surfaces, such as walls and shelving, should be cleaned on a regularly scheduled basis.

C. General Principles

1. Attire: All personnel cleaning and decontaminating dirty devices should wear personal protective clothing: gloves, moisture proof gown, goggles or face shield, mask.

2. Separate waste and reusable items at the point of use.

3. Contaminated items should be handled as little as possible.

4. Soil should be removed by a method that does not promote cross-contamination, i.e., avoid splashing.

5. Contaminated items should be removed from the patient care area immediately after use and transported in a covered container to the clean-up or decontamination area.

6. Gloves must be worn when handling any contaminated item.

D. Handling of contaminated items that will be processed for decontamination and sterilization in CMS.

1. Initially remove gross contaminates/debris.

2. Disassemble multiple part items.

3. Place items in plastic container labeled with a biohazardous symbol.

4. Mix Endozime® AW Triple Plus per manufacturer's instructions or apply ProEZ® Foam per manufacturers' instructions.

5. Fill container, covering all items completely with the mixed solution. Place the lid securely onto the container.

6. Allow the items to soak for at least 10 minutes. Rinse and dry. Transport as soon as possible to CMS. All items must be transported to CMS within 24 hours in a plastic container labeled with a biohazardous symbol.

III. Handling of contaminated items that will be retained in the unit.

A. Cleaning

1. Initially remove gross contaminate/debris.

2. Precleaning procedure: Separate like items, disassemble multiple part items.

3. The first and most important step is thorough cleaning and rinsing.

4. Selection of the cleaning agents. Select Infection Control approved instrument cleaning and disinfectant agents.

5. Cleaning must be safe and effective and it must maintain the functionality of the device.

6. Immersible devices should be cleaned under water to prevent aerosolization of microorganisms; devices that can not be immersed should be cleaned in a manner that will not produce aerosols. Rinse and dry the device according to manufacturer's recommendations. Devices should be thoroughly rinsed to remove debris and detergent residue. Brushes and other cleaning equipment used should be disinfected and sterilized daily or disposable.

7. Cleaning alone does not adequately prevent transmission of disease from patient to worker to patient.

B. Disinfection Process

1. Item must be thoroughly cleaned and as dry as possible to provide for effective disinfection and to avoid dilution of disinfectant.

2. A high-level disinfectant should be used for invasive instruments that will contact mucous membranes. Sterilization – the absence of all microbial life-is required for all instruments and equipment that will enter sterile tissue. At DeWitt, all endoscopes are processed in STERIS and all vaginal probes are high-level disinfected in benzenedicarboxaldehyde (CIDEX OPA®).

3. All surfaces of an item must be completely immersed in the disinfectant for the recommended exposure time. Refer to manufacturer's instructions. Use only those disinfectants that have been approved by Infection Prevention and Control and the Safety Committee (annually).

4. Before use, disinfected items must be aseptically removed from the disinfectant solution, rinsed thoroughly in sterile water and dried sufficiently to minimize the risk of contamination.

5. Since disinfectants can be hazardous to employees, self protective devices should be worn. For example, gloves, water proof apron, long sleeve garments and eye protection is the recommended attire for most disinfectants.

6. Disinfectant solutions should be kept covered and used only in a well ventilated area.

7. The expiration data of an activated disinfectant solution should be determined according to the manufacturer's recommendations and marked clearly on the

container. Disinfectants become ineffective after repeated use because of dilution inactivation or instability.

IV. Electric Fans

Fans may be used to improve the comfort of patients, visitors and staff and to provide additional cooling.

A. Positioning of fans

1. Staff will ensure that fans will not be placed on or near the floor unless fan is mounted on a pedestal.

2. Fans must have a grill with openings small enough to prevent a child from sticking their fingers in.

3. Fans will not be used in rooms while a minor surgeries or invasive procedures are being performed.

4. Fans will not be used in Droplet or Airborne Isolation rooms.

5. The use of electrical fans for patient comfort must be ordered by the patient's physician. Direct airflow from clean patient care areas towards the direction of contaminated area.

B Cleaning of Fans

1. Fans will be cleaned with a hospital approved disinfectant when visibly soiled and between patient use.

2. The department or section involved is responsible for the cleaning of the fan as needed. Fans will be thoroughly cleaned to remove all visible dirt, dust and debris. Remove faceplate and use a hospital approved disinfectant and allow to air dry. Recommend cleaning at least weekly or whenever there is visible soiling or dust on the blades. Document the cleaning activity on the unit's log sheet or task list.

3. Please refer to MEDDAC Regulation 385-1, *Safety and Occupational Health Program,* for additional information related to the cleaning and maintenance of electrical fans with the DHCN.